

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

RECEIVED

JAN 05 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate J.P. Wilemon, Jr.  
 Address P.O. Box 82, BELMONT, MS 38827  
 Telephone 662-454-7585 Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
 Office Sought STATE SENATOR DIST. 5 Political Party DEMOCRAT

☐ Check here if above is different from previous report
TYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
 \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
 \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500. <sup>00</sup> + \$ 400. <sup>00</sup>	\$	\$ 900. <sup>00</sup>
Total amount of disbursements	\$ 825. <sup>00</sup> + \$ 700. <sup>00</sup>	\$	\$ 1525. <sup>00</sup>
Total amount of cash on hand		\$ 10,495. <sup>90</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee J. P. Wilemon, Jr.Reporting period JAN. 1, 2010 through DEC. 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) <u>ASSOCIATION</u>			
Full name <u>COMMUNITY FINANCIAL SER. ASSN. OF</u> <u>ADVANCED AMERICA</u> AM.		<u>10/2/10</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St.</u>		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u>  </u> <u>  </u> <u>  </u>	\$
Mailing Address		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u>  </u> <u>  </u> <u>  </u>	\$
Mailing Address		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u>  </u> <u>  </u> <u>  </u>	\$
Mailing Address		<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code		<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)		<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee J. P. Wilemon, Jr.  
 Reporting period JAN. 1, 2010 through DEC. 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WRMG Radio &amp; TV</u>	<u>3/29/10</u>	\$ <u>825.00</u>
Mailing Address		
<u>P.O. Box 656</u>		
City, State, Zip Code		
<u>RED BAY, AL 35582</u>	<u>3/29/10</u>	\$ <u>825.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>825.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$